



PATENT

2133

41

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application)
No. 09/675,704)
) For: METHOD AND APPARATUS
) FOR REDUCING POWER
) CONSUMPTION OF A
) DECODER IN A
) COMMUNICATION SYSTEM
)
SINDHUSHAYANA et al.)
)
Examiner: E. T. ABRAHAM)
)
Filed: September 29, 2000) Group No. 2133

RESPONSE TO OFFICE ACTION **RECEIVED**

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AUG 06 2004

Technology Center 2600

Dear Commissioner:

In response to the Office Action mailed April 30, 2004, please amend the above-identified application as indicated below.

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

deposited with the United States Postal Service
with sufficient postage as first class mail, in an
envelope addressed to the Commissioner for
Patents, P.O. Box 1450, Alexandria, VA 22313-
1450.

Depositor's Name: Carola Emelius-Swartz
(type or print name)

Date: 7/28/2004

Signature: 

FACSIMILE

transmitted by facsimile to the Patent and
Trademark Office.

Depositor's Name: _____
(type or print name)

Date: _____

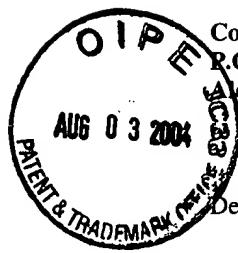
Signature: _____

AMENDMENT TRANSMITTAL FORM

Commissioner for Patents
R.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Customer No.: 23696
Attorney Docket No.: 000419
In Re Application of: SINDHUSHAYANA et al.
Serial Number: 09/675,704
Filed: 9/29/2000
Examiner: E.T. ABRAHAM
Group Art Unit: 2133



Transmitted herewith for filing is a Response to Office Action in the above identified application. In addition, the following documents are enclosed:

1. A Petition for Extension of Time: () month(s) is hereby requested.
2. Information Disclosure Statement (IDS):
 - a. PTO-1449
 - b. Copies of IDS Citations (number of citations:)
3. Change of Attorney's Address in Application.
4. Other:

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AUG 06 2004

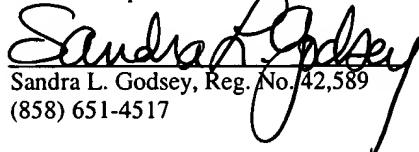
Technology Center 2600

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid
Total*	39	39	0	x \$18 =	\$0.00
Independent**	3	3	0	x \$86 =	\$0.00
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input type="checkbox"/> No				\$290	\$0.00
EXTENSION FEES		<input type="checkbox"/> One Month		\$110	\$0.00
		<input type="checkbox"/> Two Months		\$420	\$0.00
		<input type="checkbox"/> Three Months		\$950	\$0.00
INFORMATION DISCLOSURE STATEMENT		<input type="checkbox"/> After First Office Action		\$180	\$0.00
		<input type="checkbox"/> After Final Office Action		\$130	\$0.00
TERMINAL DISCLAIMER				\$110	\$0.00
*If the number in column a is less than 20, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c.				TOTAL FEE	\$0.00

5. Fee check in the amount of \$_____ is enclosed to pay for any claim and/or extension fees.
6. Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$0.00.
The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
7. The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: 7/28/2004

Signature:


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